

is the responsibility of the physicians under whose care these children have been placed. If a physical defect is not remediable, the child should be encouraged to compensate for it. Some of our greatest men and women have overcome handicaps from childhood; but most children, unless unusually superior, are retarded by them.

When the handicap is not removable and the child is unable to compensate for it, the problem can be attacked from another angle. Modify the pupil's school program to fit his needs. It is far wiser to set up a program that a child can successfully proceed with than to allow him to struggle with an overbalanced program with which he is not able to cope. He may become discouraged to the point of turning to other things for an escape or outlet.

This may mean diminishing his school program in some way. You may have his program cut down or give him a half-day program or, in cases of severe physical handicap, you may feel that the child is entitled to home tutor service with which he may remain at home. You will find that some children who are not physically capable of carrying the usual school program will, nevertheless, make satisfactory progress with a program in which a rest period is substituted for one of the class periods, especially in the afternoon. Malnutrition cases may call for extra rest and nourishment while at school when ordered by the physician. Children with nervous symptoms who are overstimulated by extra-curricular activities often improve after diminishing these activities.

Physical education is probably the most adaptable part of the school program. Although it is usually a required course, it is elastic enough in most schools to offer modified physical activity when indicated. Physical education instructors, for the most part, are more interested in the physical welfare of the pupils than are other teachers. A child whom you wish to have very limited physical activity, because of a cardiac or other defect, may be appointed monitor by the physical education instructor at your request. While acting as monitor the child will be spared competitive physical activity, yet receive the socializing values of his contacts with other pupils. Arrangements may be made with the physical education instructor to carry out a special program for any type of physical defect you may have under your care. Schools in which the welfare of the pupils is held above the importance of physical activities will arrange a rest period in place of the physical education period for a pupil when prescribed by a physician, and allow credit for the period.

Physical education instructors may ask, as a return favor, that physicians shall not give physical education excuses promiscuously to pupils who seek them on bases that are not reasonable. This control is necessary for honest coöperation in the best interests of the pupils.

Contact your schools more. Communicate with the teacher or principal by telephone or letter, or let the leader of the school health program know the individual needs of your patient. The schools

are becoming more interested in the all-round development of pupils, and will be grateful for your interest and recommendations.

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MISTAKES REGARDING VARICOSE VEINS

In injecting varicose veins, withdrawal of blood into the syringe does not prove that the needle is inside the lumen of the vein. Not infrequently the needle may tear the tissue-paper walls of thin veins and cause the blood to be extravasated. This extravasated blood may be aspirated in considerable amounts while the needle is outside the vein, and, if injection is made, sloughs may result!

Phlegmasia alba dolens is far more likely to occur in varicose veins than in normal veins, and cannot occur in veins which have been destroyed by fibrosis and are no longer existent. For this reason, a well-administered injection of varicose veins in pregnancy is a protection against phlegmasia alba dolens. The presence of untreated varicose veins predisposes to milk-leg after delivery; because stasis, as found in varicose veins, is a major factor in causing phlebitis. Injection of veins is indicated in some of the pregnancy patients.

We need to revise our teaching as to the avoidance of round garters in the prevention of varicose veins: Roentgenographic study of radio-opaque substances injected into the veins of the arm and leg shows that the circulation in the superficial veins of the leg is entirely different from that in the arm. When injected into the veins of the wrist, the blood flows upward toward the heart at such a high rate of speed that one must be quick to catch a roentgen shadow of the radio-opaque substance. In the legs, however, the circulation in the superficial veins often is stationary or in a retrograde direction downward toward the feet, until an important communicating vein is reached, through which the blood, by the same roentgenographic study, is shown to pass inward to the deep veins between the tibia and fibula. This has been proved many times.¹ In the deep veins the circulation back to the heart is rapid, and studies of freshly amputated legs show that even very strong circular pressure on the outside of the leg does not obstruct the flow of fluid in the deep veins between the bones, for here they are very thoroughly padded by the deep muscles and by the bones themselves. Round garters cannot obstruct the flow upward in the deep veins, and may be of actual advantage in relieving downward hydrostatic pressure on the unsupported walls of the superficial veins.

Indeed, ever since the Middle Ages, it has been known that pressure on the superficial veins, as by a vein truss or strips of adhesive, or by elastic bandage, relieved varicose veins because it holds up the hydrostatic pressure of the blood. Round garters are probably of actual advantage in cases of bad varicose veins with incompetent venous

¹ Kilbourne, Norman J.: Varicose Veins of Pregnancy, *Am. J. Obst. and Gynec.*, 25:104 (Jan.), 1933.

valves, as the garters hold back this hydrostatic pressure.

High ligation of the saphenous is not a cure-all; in fact, it is only rarely to be advocated. Recent enthusiasm for this operation is not based on historical studies: years ago it was shown that high ligation is permanently successful in only 28 per cent of cases, and is not as likely to result in cure as injection.² This operation of high ligation is known as the Trendelenburg operation for varicose veins. The Trendelenburg test is the test to show whether or not the Trendelenburg operation will succeed. It is only if the Trendelenburg test shows that the valves between the superficial veins and the deep veins in the calf are competent, that the operation will succeed.³

A history of phlebitis does not mean that the deep veins continue to be obliterated. I have yet to see a case where I was convinced that the deep femoral vein remained obliterated over a long period of time. Permanent edema is more likely to be due to perivascular lymphangitis. The greatest danger lies in injection of cases of thromboangitis obliterans or in cases of arteriosclerosis obliterans.

The injection of varicose veins is not likely to cause pulmonary embolism. In my own experience, covering over 25,000 injections, I have seen only two cases of pulmonary embolism. Both of these recovered after a short illness. Both also occurred years ago at the time of the use of weakly sclerosing solutions, and I have had no cases occurring with modern solutions.

2007 Wilshire Boulevard.

N. J. KILBOURNE,
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THE LIBRARY MEMORIAL FUND AND THE LIBRARY ASSOCIATES OF THE LOS ANGELES COUNTY MEDICAL ASSOCIATION

With the taking over of the Barlow Medical Library by the Los Angeles County Medical Association, and its removal to new quarters, the immediate and most pressing of its needs—more space—was fulfilled. But a library needs more than space. It needs physical equipment, librarians, current periodicals and current texts. The responsibility for providing these was assumed, of course, by the County Society. For the present, then, the material needs of the library are being met.

As for the future, and for what might be called the spiritual needs of the library, no provision had been made. A library must be more than a convenient and accessible storage place for books. It must be a living, growing servant of its community. It must have a spiritual, as well as a physical identity. It must have character, and it must impress this character on the community which it serves. To create these attributes, a group, the Library Associates of the Los Angeles County Medical Association, was organized, and

to that end the Associates are publishing, in the Los Angeles County Society Bulletin, a series of descriptions of the library's most interesting books, while planning to hold exhibitions of medical, historical, and bibliographic material. Definite efforts, also, are being made to make the study of the history of medicine an important part of its activities. This is intended not only to give vent to the interests of those historically inclined, but also to emphasize the fact that books of historical interest are not merely embellishments of a library's equipment, but a most important factor in creating the character that was spoken of before.

Since but little provision was made for the purchase of materials and books of purely historical interest, the Library Associates have created a Library Memorial Fund, and members of the County Society are urged to send to this fund what moneys perhaps would otherwise be spent on flowers for a deceased member. Acknowledgment of the gift is then sent to the relatives. Thus, instead of ephemeral flowers, a permanent memorial is established. Bookplates identifying the purchases made from the Memorial Fund insure the permanency of the memorial.

To the Memorial Fund will also be added such other gifts and bequests of money, books, instruments and the like as may be the Fund's good fortune to receive. The Library Associates hope to make the library "not a luxury, but a necessity of life."

FORM FOR CONTRIBUTION

To the Library Memorial Fund
Los Angeles County Medical Association
1925 Wilshire Boulevard

..... \$.....
In Memory of
Please send a card of acknowledgment to
.....

FORM FOR BEQUEST

I hereby give, devise, and bequeath to the Los Angeles County Medical Association, a nonprofit corporation, the following described property: [books, money, etc.] to be administered as part of that corporation's Library Memorial Fund, and to be known as the [here insert name desired] Memorial.

672 South Westlake Avenue.

HYMAN MILLER,
Los Angeles.

In all of the 160 years of American history, only 244,000 American soldiers have been killed on the field of battle or died from wounds obtained while fighting in our wars. In the past twenty-five years more than 375,000 American mothers have died from causes associated with childbirth. During this same twentieth century period, the American records of the highest maternal death rate in the world save Scotland have remained constant. By this women can be made to understand that prenatal care is urgent in the second and third month instead of the seventh, where records prove it usually begins. Then a tremendous advance has been made toward reducing maternal mortality.—*The Commentator*.

² Berntsen, A.: *Nordiskt Med. Arkiv.*, 62:61, 1927.

³ Trendelenburg: *Beitr. z. Klin. Chir.*, 7:195, 1890.